

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/576,182

FILING DATE

4-19-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2				1-		
3				1-		
4				1-		
5				1-		
6						
7				1-		
8				1-		
9				1-		
10			Cancelled			
11				1-		
12			Cancelled			
13						
14						
15						
16						
17			Cancelled			
18				1-		
19				1-		
20				1-		
21			Cancelled			
22				1-		
23				1-		
24			Cancelled			
25				1-		
26			Cancelled			
27						
28						
29			Cancelled			
30				1-		
31				1-		
32				1-		
33			Cancelled			
34						
35			Cancelled			
36			1			
37				1-		
38				1-		
39				1-		
40			Cancelled			
41				1-		
42			Cancelled			
43				1-		
44				1-		
45			Cancelled			
46				1-		
47			Cancelled			
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			Cancelled			
53				1-		
54				1-		
55				1-		
56			Cancelled			
57						
58						
59						
60						
61						
62						
63						
64			Cancelled			
65				1-		
66				1-		
67				1-		
68			Cancelled			
69			1			
70						
71						
72						
73						
74						
75						
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90						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	30	←		←
TOTAL CLAIMS			33			